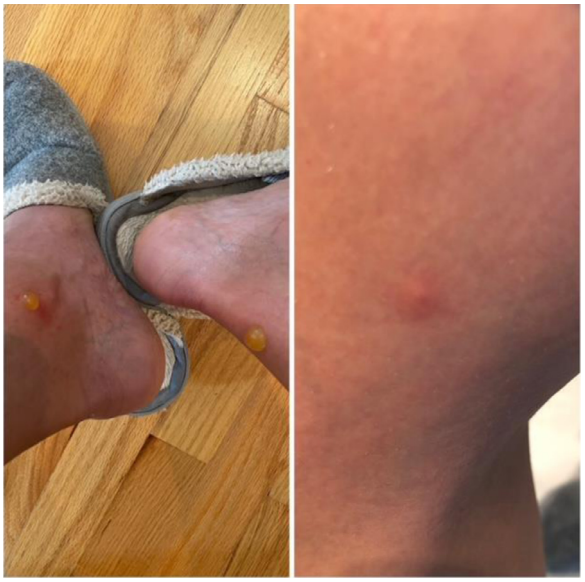
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Case Description: I treated three adult patients with Skeeter syndrome with 300 mg of omalizumab every four weeks initiated one month prior to the onset of summer. Treatment was continued throughout the duration of summer months when mosquito exposure remained highest. Among the three patients treated with omalizumab, over 100 bites were sustained during therapy. All three patients demonstrated a rapid improvement in the size of their local reactions with no further development of bullae after the first dose of omalizumab.
Discussion: This report highlights a potential therapeutic option for a rare disease and calls for further studies to demonstrate the efficacy of omalizumab for Skeeter syndrome.

Photographs of a patient's reactions to mosquito bites before and after starting Omalizumab



M062

POLYMYALGIA RHEUMATICA AFTER MRNA COVID-19 VACCINATION

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Introduction: Polymyalgia rheumatica (PMR) is an inflammatory disorder characterized by muscle pain and stiffness. We present a 67-year-old man who developed PMR after immunization with the mRNA COVID-19 vaccine.
Case Description: A 67-year-old male with a history of viral pericarditis, non-ischemic cardiomyopathy, Raynaud's phenomenon, and prostate cancer presented for evaluation of acute-onset proximal muscle pain and weakness, extreme fatigue, malaise, and weight loss. Symptoms developed 10 days after the first dose of the mRNA COVID-19 vaccine. No associated fever or skin rashes. No history of natural COVID-19 infection. A workup for malignancy was negative. CRP and ESR were elevated. ANA was positive (1:80, speckled pattern). ENAs were negative. CK and aldolase were normal. He had low IgG at 328 mg/dL with normal IgA and IgM. However, repeat IgG levels a week later were normal (1130 mg/dL), raising the possibility of a laboratory error. Lymphocyte subsets in peripheral blood were normal. IgG titers to the SARS-COV2 spike and nucleocapsid proteins were consistent with COVID-19 immunity from prior immunization. He was treated with low-dose oral prednisone with resolution of his symptoms and has been slowly tapering prednisone as tolerated.
Discussion: This case report raises the possibility that PMR may be triggered by an immune response to the mRNA COVID-19 vaccine in susceptible individuals. However, further studies involving a larger population are required to assess whether this association is causative or rather coincidental.

M063

FD&C YELLOW #6 HYPERSENSITIVITY UNVEILED IN A PATIENT TREATED WITH CHLORAPREP™ HI-LITE ORANGE

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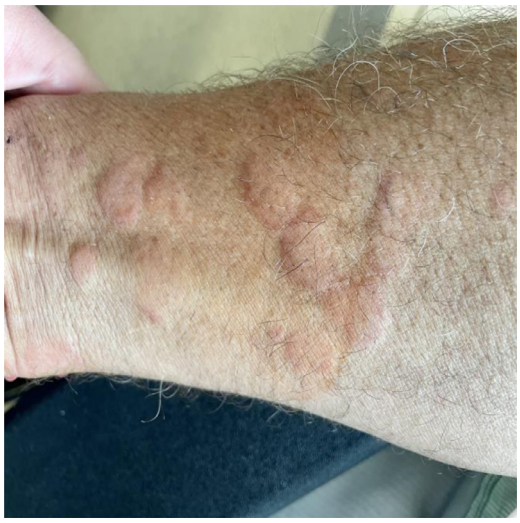
Introduction: FD&C Yellow #6, also known as sunset yellow, is an FDA-approved azo dye commonly used as a coloring agent. We present a case of FD&C Yellow #6 hypersensitivity uncovered by SOAT (single-open application testing) in a patient who underwent coronary angiography.
Case Description: A 60-year-old male presented with chest pain and admitted for management of myocardial infarction. He underwent coronary angiography and developed an urticarial eruption on his right forearm where an IV was placed for intraprocedural heparinization. Upon examination, urticarial lesions were located where ChloraPrep™ Hi-Lite Orange was used to disinfect the IV insertion site. SOAT was performed with both ChloraPrep™ Clear (containing chlorhexidine gluconate 2% w/v, isopropyl alcohol 70% v/v, and purified water) and ChloraPrep™ Hi-Lite Orange (containing chlorhexidine gluconate 2% w/v, isopropyl alcohol 70% v/v, FD&C Yellow #6 dye, and purified water). Within minutes, a reproducible urticarial eruption was noted at the ChloraPrep™ Hi-Lite Orange site, thus FD&C Yellow #6 dye was determined to be the culprit agent.
Discussion: FD&C Yellow #6 is a common ingredient approved by the FDA for use in popular foods and drinks to produce a yellow-orange color (including SunnyD® Tangy Orange Citrus Punch, Gatorade® Orange, and Doritos® Nacho Cheese flavored chips). This dye is also used as a coloring agent in medications and cosmetics. There is a paucity of literature related to FD&C Yellow #6 hypersensitivity and studies on its role in urticaria and angioedema are flawed. This report highlights the need for further research into adverse reactions related to food-grade dyes used in medical environments.

Figure 1



Urticarial eruption on patient's right ventral forearm where ChloraPrep™ Hi-Lite Orange was used to disinfect the IV insertion site. Photograph taken with patient's permission.